



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 1639

Bib Data Sheet

|                             |  |              |                        |                                       |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/510,617 | FILING OR 371(c)<br>DATE<br>04/25/2005<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1655 | ATTORNEY DOCKET NO.<br>53624/DBP/C306 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

**APPLICANTS**

Wenlong Deng, Chengdu City, CHINA;

**\*\* CONTINUING DATA \*\*\***

This application is a 371 of PCT/CN02/00246 04/09/2002

**\*\* FOREIGN APPLICATIONS \*\*\***

|   |                           |                     |                    |                         |
|---|---------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CHINA | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>10 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br><i>Onc</i><br>Verifier and Acknowledged<br>Examiner's Signature <i>Wenlong Deng</i> Initials <i>AAC</i> |                           |                     |                    |                         |

**ADDRESS**

23363

**TITLE**

Pharmaceutical composition for treating rheumatism and the preparation thereof

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1576 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|